



Published in final edited form as:

*J Child Sex Abus.* 2015 ; 24(8): 839–852. doi:10.1080/10538712.2015.1088913.

## Curriculum Development around Parenting Strategies to Prevent and Respond to Child Sexual Abuse in Sub-Saharan Africa: A Program Collaboration Between Families Matter! and Global Dialogues

**Kim S. Miller, PHD,**

Centers for Disease Control and Prevention

**Kate Winskell, PHD,**

Hubert Department of Global Health, Rollins School of Public Health, Emory University

**Kaitlyn L. Pruitt, MPH, and**

Hubert Department of Global Health, Rollins School of Public Health, Emory University

**Janet Saul, PHD**

Centers for Disease Control and Prevention

### Abstract

Despite widespread recognition of child sexual abuse (CSA) as a serious problem in sub-Saharan Africa (SSA), few far-reaching programmatic interventions addressing CSA in this setting are currently available, and those interventions that do exist tend to focus on response rather than prevention. Parents are in a unique position to engage their children in dialogues about sexuality-related issues and thereby both help prevent CSA and take swift action to stop CSA, address trauma, and minimize harm, in the event CSA does occur. The Families Matter! Program (FMP) is an evidence-based intervention for parents and caregivers of 9-12 year-olds in sub-Saharan African countries that promotes positive parenting practices and effective parent-child communication about sex-related issues and sexual risk reduction. This paper describes the enhancement of a new FMP session on CSA, drawing on authentic narratives contributed by young people to the Global Dialogues/Scenarios from Africa (GD/SfA) youth scriptwriting competition. The GD/SfA data permitted incorporation of young Africans' voices and resulted in an interactive curriculum that is grounded in contextually-relevant and emotionally-compelling scenarios and adapted to the needs of low-literacy adult learners in SSA. Experiences are shared with a view to informing the development of interventions addressing CSA in SSA.

### Keywords

Child sexual abuse; preadolescence; parenting; parent-child communication; gender-based violence; sexual violence; curriculum development; HIV prevention

---

Correspondence concerning this article should be addressed to: Kim S. Miller, PhD, Senior Advisor for Youth Prevention, CDC/CGH/DGHA, 1600 Clifton Road, NE Mailstop E-04, Atlanta, Georgia, 30333; kmiller@cdc.gov.

The findings and conclusions in this article are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

## Introduction

Child sexual abuse (CSA) is widely recognized as a serious problem in sub-Saharan Africa (SSA) and has been described as a “silent emergency” (WHO Regional Committee for Africa, 2004). While estimates vary by country, definition and study methodology, prevalence rates for some countries are alarmingly high, with one in three females in Swaziland, for example, reporting experiencing some form of sexual violence before age 18 (Reza et al., 2007). High HIV prevalence in much of the region adds risk of exposure to HIV to the consequences faced by victims of CSA (Lalor, 2008). Additionally, high numbers of orphans and other vulnerable children and high levels of child poverty (Lalor, 2004) and displacement in SSA exacerbate vulnerability. Although all African countries with the exception of Somalia have ratified the United Nations Convention on the Rights of the Child (United Nations, 1989), CSA continues to be shrouded in silence and shame (WHO Regional Committee for Africa, 2004), its victims too often failing to receive the care and support they need.

CSA interventions in SSA are usually delivered at the local level by civil society organizations rather than by governments (East, Central and Southern Africa Health Community (ECSA-HC), 2011), and this limits their scope and integration; popular points of interventions are awareness-raising and increasing the availability of child helplines and safe houses for victims. Alongside interventions that are CSA-specific are approaches that situate CSA within the context of gender-based violence (GBV) more generally, on grounds that the prevention of child rape cannot be dissociated from efforts to transform the social status of women and children (Jewkes, Penn-Kekana, & Rose-Junius, 2005). Across SSA, patriarchal and age-based hierarchies create opportunities for CSA and may also affect a community's perception of and response to CSA. It is, for example, customary for children to be raised to unquestioningly obey any adult's commands out of respect for their elders (Jewkes et al., 2005; Lalor, 2008; Mbagaya, Oburu, & Bakermans-Kranenburg, 2013). In addition, regional myths may provide a pretext for CSA, for example, the myth that sex with a child has magical properties (Kisanga, Nystrom, Hogan, & Emmelin, 2011) or is a way to cure a person from HIV (Ige & Fawole, 2011). Reporting of abuse and use of available services is very low (e.g., Reza et al., 2007) and may be influenced by embarrassment, fear of reprisal or incurring further shame on the family (Kisanga, Nystrom, Hogan, & Emmelin, 2013), and by poverty and distrust in the healthcare and legal institutions (Kisanga et al., 2011).

Although an increasingly prevalent multi-level conceptualization of CSA in SSA (WHO Regional Committee for Africa, 2004) supports holistic, integrated approaches to prevention and response, CSA efforts directed at parents and caregivers (hereafter “parents”) have been largely absent in SSA to date. Parents are well-placed to complement other sources of CSA prevention in the community due to their unique ability to engage their children in dialogues about sexuality-related issues early and on an ongoing, developmentally- and time-sensitive basis (AUTHORS, 2013). In addition, because of their proximity to their children, parents may be more able to take swift action to stop CSA, address trauma, and minimize harm in the event that abuse does occur (Wurtele & Kenny, 2010). Recent studies have documented

both need and demand for parental education around CSA in SSAs (Ige & Fawole, 2011; Kisanga et al., 2013; Plummer & Njuguna, 2009), suggesting that an intervention directed at parents could be well received.

## Background

The Families Matter! Program (FMP) is an evidence-based intervention for parents of 9-12 year-olds that promotes positive parenting practices and effective parent-child communication about sex-related issues and sexual risk reduction (AUTHORS, 2013). The US Centers for Disease Control and Prevention (CDC) provides technical support for implementation of FMP in countries across SSA. FMP has been proposed as a valuable platform for addressing CSA because the program is widely accepted within communities and teaches parenting skills that closely map onto protective factors identified in previous studies on CSA (Thomas, Leicht, Hughes, Madigan, & Dowell, 2003).

In response to the 2009 Violence Against Children in Tanzania report (UNICEF Tanzania, Division of Violence Prevention, National Center for Injury Prevention and Control, US Centers for Disease Control and Prevention, & Muhimbili University of Health and Allied Sciences, 2011), a draft FMP session on CSA was developed as a supplement to the existing 5-session curriculum. Learning objectives and activities were developed within the context of the existing FMP curriculum and with reference to CSA literature (Table 1). Initial drafts were refined following feedback from Tanzanian and international specialists in violence prevention and children's rights. The draft sixth session was field-tested in rural Tanzania in late 2012 with 8 parent groups (132 total participants; 53 male and 79 female) who had recently completed FMP sessions 1-5. Field testing revealed that the session was well received and perceived to be an appropriate and valuable complement to the existing FMP sessions. However, it also identified the need to revise the session to incorporate more diverse and interactive learning approaches, including role-plays and audio narratives drawing on authentic scenarios. This paper describes the subsequent development of these resources and activities drawing on stories contributed by young people across Africa to the Global Dialogues/Scenarios from Africa (GD/SfA) scriptwriting competitions.

Since 1997, the GD/SfA competitions have invited young Africans, up to age 24, to contribute scripts for short fiction films to educate their communities about HIV and AIDS (AUTHORS, 2005; Global Dialogues, 2015). The winning ideas in each contest are selected by local juries and transformed into short fiction films by leading African directors (YouTube/Global Dialogues, 2015). By 2011, the process had generated an archive of over 50,000 narratives written by young people from 47 countries. Analysis of samples from this archive provides insight into the context of HIV and related issues, including CSA, from the perspective of young Africans, thereby supplementing existing peer-reviewed and gray literature.

While the youth-authored narratives do not present a comprehensive overview of CSA in SSA, they do have the advantage of providing access to authentic voices of young Africans on the subject in an emotionally-compelling and highly contextualized narrative form that can be readily adapted to provide powerful learning tools. The FMP curriculum makes use

of narratives in an audio format that can easily be played on a battery-operated CD player in low-resource rural areas. It also incorporates role-play exercises which call on participants to improvise on a scenario and build specific skills. In light of the cultural diversity of SSA, and of individual sub-Saharan countries, our objective was not to create a definitive curriculum to be used across the continent, but rather to generate a reference curriculum that could be adapted - both culturally and linguistically - to specific regions following community needs assessment and pre-testing. In this paper, we describe the enhancements that were made to the FMP session on CSA following field-testing with a view to informing other programs working on CSA in SSA.

One objective in enhancing the FMP session on CSA was to ensure that it resonated optimally with parents and was grounded in contextual examples that would be perceived as authentic. Given that FMP participants are parents or caregivers of a child aged 9-12, we felt their emotional investment in the CSA session could best be fostered if it focused on younger, pre-pubescent and pubescent children and if it stressed the short, medium and long-term consequences of CSA for the victim's physical and mental health and wellbeing. However, we also sought to work against the normalization of CSA involving post-pubescent victims, by repeatedly stressing that all children - not only those within the FMP window of ages 9-12 - are at risk for CSA. In line with this strategic decision, this paper focuses on situations where a prepubescent or pubescent child is tricked and forced into a sexual activity in the home or community by an adult or older child. Earlier FMP sessions address in depth issues of sexual violence, coercion and pressure, including dating violence, faced by older children.

## Methods

The narratives described in this paper were submitted to the GD/SfA contest, which was held continent-wide from 1 February to 15 April 2005. Over 63,000 young people from 35 African countries participated in this contest, submitting approximately 23,000 narratives. As part of a six-country study of young Africans' social representations of HIV and AIDS, a sample of 586 narratives from Senegal, Burkina Faso, South-East Nigeria, Kenya, Namibia and Swaziland was constructed (AUTHORS, 2011). The de-identified data were transcribed verbatim in English or French and entered into MAXQDA 2007 qualitative data analysis software (VERBI Software 1989–2010), where they were labeled with descriptive codes with reference to a detailed codebook covering a range of HIV-related themes, including “sexual violence/coercion/rape” (77 narratives). A summary was written for each story and these summaries were coded with up to 6 out of a possible 45 keywords, which included “sexual violence/coercion/rape” (56 narratives). These steps allowed us to isolate both individual text segments related to sexual violence and those narratives in which sexual violence was a central theme. We then isolated those narratives about sexual violence perpetrated against pre-pubescent and pubescent children and address those narratives here.

Narratives about CSA were not elicited by the scriptwriting contest but were voluntarily contributed by young Africans in response to an invitation to submit ideas for a film about HIV and AIDS. It is impossible to know to what extent, if any, they draw on personal experience. We treat them as fictional stories which are nonetheless likely to draw on - and

therefore provide insight into - situations of which the young authors are aware within their own communities, as well as normative understandings of CSA in these communities. The secondary analysis of the de-identified GD/SfA data was approved by [University name removed for blinding] Institutional Review Board.

## Results

Eighteen narratives in the GD/SfA data set addressed CSA perpetrated against prepubescent and pubescent children. Authors (median age 17) came from Swaziland (6), Namibia (5), Kenya (3), Nigeria (2), and Senegal (2). Most (13) of the narratives were by female authors; half by rural authors. Two of the narratives written by male authors, one from Nigeria and one from Senegal, relate stories of young boys being sexually abused. We focus on the following key thematic areas: known versus stranger perpetrator; progressive versus isolated abuse; secrets, gifts and threats as forms of manipulation or coercion; and disclosure, response and action.

### Known versus Stranger Perpetrators

**GD/SfA Data—**The perpetrator was a relative or acquaintance of the victim in two-thirds (12) of the narratives and a stranger to the victim in the remaining six narratives. Half of the CSA narratives, including five from Swaziland, recount stories about incest. In the three narratives where the perpetrator is known to the victim but not related, the assailant is a trusted individual, a person in a position of authority, or both. Three narratives – from Swaziland, Namibia and Kenya – recount child rapes motivated by a virgin cleansing myth (in which the perpetrator believes the rape of a virgin will cure him of HIV) and perpetrated by members of the extended family or the mother's boyfriend. Victims' respect for their elders increases their vulnerability: for example, a schoolgirl is the victim of sexual assault perpetrated by two of her teachers, who are able to use their authority and familiarity with the victim to isolate her from her peers (15-year-old female author from urban Namibia). A Senegalese narrative relates the rape of a girl by a guest staying at the family house (21-year-old female urban author). In contrast to the detailed and often graphic descriptions of CSA by known assailants, the attacks by strangers are often brusque and opportunistic. These abusers often prey on the poverty-related vulnerabilities and innocent, trusting nature of the children they abuse, for example, offering a child a lift home or attacking a working child who is hawking fruit on the street.

**Application in FMP Curriculum—**The narratives help us to pepper the curriculum with examples of risk situations that are concrete and contextualized, allowing us, for example, to draw parents' attention to the need to be aware of where their child sleeps at night and who else is in the house, of the importance of not accepting lifts, and of risks related to work or chores in the community. This concreteness is central to making the risk of abuse real and relevant for parents and helping them understand and communicate these risks to their children.

A scenario about the risks of accepting a lift home from school appears in an audio narrative which models good parent-child communication around CSA. The audio demonstrates how key FMP parenting strategies - supervision, building a close relationship, and good

communication skills - allow the mother to know quickly that something is troubling her child. These parenting strategies also allow the child to feel confident in communicating her concerns to her mother, making it easier for the mother to protect and guide her. Another audio recognizes the importance of parents communicating these skills to others who may be in charge of their children during their absence, for example, when a child is staying with relatives in the village during the harvest time. As the FMP curriculum cannot hope to address all potential risk situations children may face, it addresses those that are most salient across SSA. In addition, parents are encouraged to identify, plan for, and role-play other culturally relevant risk situations with their children. While the contextualized examples drawing on the GD/SfA data do not obviate the need for adaptation of the curriculum in specific settings, they do provide a culturally resonant point of departure for it.

### Isolated versus Progressive Abuse

**GD/SfA Data**—Some of the CSA narratives recount only one isolated event, while others are a culmination of several years of progressive abuse at the hands of one or more perpetrators, often linked to incest and/or to the child's displacement as a result of poverty or orphanhood. Several narratives describe stratagems that are used by perpetrators to secure a victim's compliance or to take advantage of a mother's trust or her absence, for example, at a funeral. A narrative by a 12-year-old male from urban Swaziland recounts a girl's sexual abuse from the age of five, first by her grandfather (who withholds food if she fails to comply), then by her two stepbrothers. In another Swazi narrative, by a 15-year-old female author, the main character discloses to a friend the progressive abuse she is suffering at the hands of her uncle: “my uncle tells me that I’m more beautiful and when telling me that he touches my body all over.”

**Application in FMP Curriculum**—Despite the lower likelihood of CSA by strangers than by known perpetrators, “stranger danger” and considerations of personal safety provide valuable entry points for parents to initiate the long-term process of talking about sexual abuse with their children. For example, reviewing personal safety rule, such as “avoiding places where you could be alone with someone,” provides an opportunity to ask children why they think the rule exists and thereby gauge their understanding and readiness prior to providing additional information. This process is modeled in one of the audios, in which discussion of rules related to “stranger danger” transitions into discussion of the privacy of the genitalia.

The narratives about progressive abuse translate into one of the most important and extensive audio narratives in the CSA session, designed to help parents understand the insidious nature of some forms of abuse. In the interactive discussion following the audio, parents are asked whether they think it is easy for the child to see right away that the uncle's behavior is not ok. It seeks to help them understand that, while a child might be able to understand the risk that she could face from a stranger when she is out alone after dark, it is much more difficult for her - based on her limited life experience - to understand risk within her own home or in other places where she normally feels safe. It drives home the message that children do not suddenly become adults when they reach puberty and that they need adult help in order to understand situations that can put them at risk. This narrative continues

later in the session, illustrating one central prevention message: the “No Secrets, No Threats, No Gifts” rule.

### **No Secrets, No Threats, No Gifts Rule**

**GD/SfA Data**—In the narratives, the perpetrators of CSA use three primary tactics to force or lure children into sexual acts and silence them after the abuse has taken place: threats, secrets and gifts (see also Meursing et al., 1995). These often overlap as means for an abuser to exercise control over a victim. The perpetrator often concludes the act of rape by instructing the victim to keep the abuse secret, and this command is usually conveyed with an overlapping threat of further harm to the victim or his/her family if they reveal the abuse to anyone.

Gifts are presented in the GD/SfA data in the form of sweets, money and free rides in motor vehicles as a means to lure a child or placate a child following abuse. One perpetrator in a Namibian narrative uses candy to lure the small child he plans to rape in hopes of being cured of HIV (24-year-old male author from urban Namibia). Another narrative from Kenya relates a situation when two friends, Rose and Mary, accept a ride from two strangers. The two men take full advantage of the girls’ naïveté. Rose and Mary are raped, and they later discover that they are infected with HIV. After the abuse has occurred, the men give Rose and Mary money to try to silence them from taking action against them. Despite the fact that the girls had not agreed on any monetary transaction before the rapes, they accept the money and tell no one what has happened to them (17-year-old female author from rural Kenya).

**Application in FMP Curriculum**—These descriptions inform the further elaboration of the audio about progressive abuse, which through interactive debriefing is crystallized into the “No Secrets, No Threats, No Gifts” rule that parents can share with their children. The audio also seeks to communicate to parents the strategies abusers may use to: manipulate their victims; shift the blame for the abuse to the victim; and manufacture a sense of complicity or responsibility on the part of the victim which militates against timely disclosure. This audio narrative also provides an opportunity to anchor the concepts that children should always know that their parents will believe them if they tell them about CSA, that parents will never be angry with them if they disclose, and that if a child is sexually abused it is never the child's fault.

### **Disclosure, Response and Taking Action**

**GD/SfA Data**—The victim discloses the sexual abuse to a trusted person in eight of the eighteen GD/SfA narratives. One narrative describes how the child “kept the agony of the incident to herself because she did not know how to relate the incident” to her caregiver (23-year-old female author from urban Nigeria). The perpetrator of CSA is brought to justice in only five narratives, two from Namibia and three from Swaziland. One of the narratives from Namibia ends with imprisonment for the two perpetrators, a traditional healer and a man with HIV seeking a virgin cure who rapes his cousin's five-year-old daughter. In a Swazi narrative, the victim seeks support from a helpline after she is abused. However, in one case of abuse by an uncle in a narrative by a 16-year-old Swazi female author, nothing

is done to bring the perpetrator to justice, primarily due to fear of the shame that this could be brought on the family.

**Application in FMP Curriculum**—This data informs an audio narrative modeling a parent's response to a child's disclosure, which highlights the importance of maintaining calm, acknowledging and praising the child's courage, and reassuring your child that you love and believe her/him and that s/he is not to blame. It also identifies signs and symptoms that, in the absence of disclosure, could indicate CSA. The curriculum stresses the importance of prompt action to remove the child from the situation and seek medical care which - in the event of need for emergency contraception or post-exposure prophylaxis for HIV - is time-sensitive. It stresses that the child will need help from the parents and from service providers, if available, to come to terms emotionally with the abuse. A community-specific handout shows where medical and mental health services can be sought locally and provides details of national CSA service providers.

The CSA curriculum also stresses the importance of reporting the abuse to someone in the community, including community or religious leaders, medical professionals, the police or school principal to ensure that the abuse will not happen again to one's own or someone else's child. While acknowledging the challenges that reporting presents, particularly in situations where the family is financially dependent on the perpetrator, the FMP curriculum stresses that covering up the abuse or coming to an agreement with the abuser, will not stop the abuse and may put other children at risk. The curriculum encourages parents to use all the resources available within the community – traditional leadership, police, health workers and NGOs – to make sure that CSA is not accepted and that children who have been abused are supported. This section closes with advice on helping a child through the long-term healing process.

## Discussion

As a parenting intervention that addresses CSA within the context of broader parent-child communication around sexuality and sexual risk-reduction, FMP has the potential to make a valuable contribution to multi-level efforts to prevent and respond to CSA in SSA. In addition, FMP seeks to interface with local community mechanisms and to promote linkages to local and national-level CSA-related services, including medical and mental health services. An outcome evaluation will assess the impact of the CSA-focused session on parents' awareness of CSA and its associated risks. The evaluation will also examine the intervention's impact on parents' self-efficacy to talk with their children about CSA, help protect their child from CSA, and respond in the event that their child experiences or has experienced CSA.

An enhanced six-session FMP curriculum places particular emphasis on gender norms and gender-based violence throughout so that by the time participants have reached the sixth session on CSA, they are already well primed on the gender power dynamics and age-related hierarchies that increase opportunities for CSA in SSA. In addition, the curriculum encourages parents to engage their community around CSA. Hence, FMP is sensitive to the structural dynamics that underlie and perpetuate CSA in SSA and the broad-based

mobilization that is necessary to its prevention. While poverty, patriarchal norms and impunity for perpetrators represent major obstacles to CSA prevention in SSA, parents can be empowered to protect their children and to respond in the event of abuse.

When developing health education materials, it is customary to collect formative data by means of focus group discussions and in-depth interviews. However, transcripts from this kind of data collection are not always easily translated into curricular materials. The narrative data described here lend themselves more readily to adaptation into health education materials, which are well-suited for low-literacy adult learners. A recent comprehensive literature review on CSA in SSA (ECSA-HC, 2011) called for greater attention to be paid to the voices of communities and of children themselves. We felt that narrative audios drawing on the GD/SfA stories would be a particularly valuable way to enhance the CSA curriculum. They are likely to resonate culturally, to be perceived as authentic, and to offer opportunities for richly contextualized and interactive learning in pursuit of the CSA goals and learning objectives.

The GD/SfA data have clear limitations: our sample was small and unrepresentative; these are not necessarily personal accounts of CSA, but rather young Africans' unelicited stories about CSA and, as such, may be influenced by media representations. The narratives' concordance with the limited existing ethnographic literature on CSA in SSA suggests that they tap into deep-seated social understandings of CSA risk and dynamics in SSA. In addition, they provide plausible contextualized and emotionally-compelling accounts of CSA that, we hope, will allow the curriculum to resonate with participants.

## Conclusion

FMP situates CSA prevention and response in SSA within the context of a holistic parenting skills program. It is conceived as a valuable component of comprehensive multi-sectoral response to CSA. The GD/SfA data allowed us to incorporate authentic voices of young Africans into our role-plays and audio narratives to create a diverse interactive curriculum around CSA that is adapted to the needs of low-literacy adult learners in SSA.

## Acknowledgments

This research was supported by the President's Emergency Plan for AIDS Relief through the Centers for Disease Control and Prevention.

## Biography

Kim S. Miller, PhD, is the Senior Advisor for Youth Prevention at the Centers for Disease Control and Prevention, Division of Global HIV/AIDS Prevention. She joined CDC 25 years ago after completing her doctoral studies at Emory University in Atlanta, Georgia. Her current international research and prevention activities focus on pre-risk prevention approaches to sexual risk reduction, understanding and reducing sexual risk among youth, youth development approaches to sexual risk prevention and the role of the family in the promotion of sexual risk reduction and protection of children.

Kate Winskell, PhD, is an Assistant Professor in the Hubert Department of Global Health, Rollins School of Public Health, Emory University. She specializes in communication for social and behavioral change, particularly in relation to HIV, gender, and sexual and reproductive health in sub-Saharan Africa.

Kaitlyn L. Pruitt, MPH, recently graduated from the Rollins School of Public Health at Emory University. Her research interests include sexual health, violence prevention, and gender empowerment in global settings, particularly sub-Saharan Africa, and currently works as a consulting research assistant.

Janet Saul, PhD, is the Senior Advisor for Gender & HIV in Division of Global HIV/AIDS at the US Centers for Disease Control and Prevention. She leads CDC's PEPFAR activities on the intersection of HIV, gender issues, and violence against children.

## References

- AUTHORS. Clasco/Nordicom; Buenos Aires/Goteborg: 2005.
- AUTHORS. Social Science & Medicine. 2011
- AUTHORS. American Journal of Public Health. 2013
- ECSA-HC. Child Sexual Abuse in Sub-Saharan Africa: A Review of the Literature. WHO Regional Office for Africa and USAID; Arusha: 2011.
- Global Dialogues. [2 June, 2015] 2015. [www.globaldialogues.org](http://www.globaldialogues.org).
- Ige OK, Fawole OI. Preventing Child Sexual Abuse: Parents' Perceptions and Practices in Urban Nigeria. *Journal of Child Sexual Abuse*. 2011; 20(6):695–707. doi: 10.1080/10538712.2011.627584. [PubMed: 22126111]
- Jewkes R, Penn-Kekana L, Rose-Junius H. "If they rape me, I can't blame them": Reflections on gender in the social context of child rape in South Africa and Namibia. *Social Science & Medicine*. 2005; 61(8):1809–1820. [PubMed: 15913860]
- Kisanga F, Nystrom L, Hogan N, Emmelin M. Child Sexual Abuse: Community Concerns in Urban Tanzania. *Journal of Child Sexual Abuse*. 2011; 20(2):196–217. [PubMed: 21442533]
- Kisanga F, Nystrom L, Hogan N, Emmelin M. Parents' Experiences of Reporting Child Sexual Abuse in Urban Tanzania. *Journal of Child Sexual Abuse*. 2013; 22(5):481–498. [PubMed: 23829829]
- Lalor K. Child sexual abuse in sub-Saharan Africa: a literature review. *Child Abuse & Neglect*. 2004; 28(4):439–460. [PubMed: 15120925]
- Lalor K. Child sexual abuse and HIV transmission in sub-Saharan Africa. *Child Abuse Review*. 2008; 17(2):94–107.
- Mbagaya C, Oburu P, Bakermans-Kranenburg MJ. Child physical abuse and neglect in Kenya, Zambia and the Netherlands: a cross-cultural comparison of prevalence, psychopathological sequelae and mediation by PTSS. *International journal of psychology : Journal international de psychologie*. 2013; 48(2):95–107. [PubMed: 23597009]
- Meursing K, Vos T, Coutinho O, Moyo M, Mpofu S, Onoko O, Sibindi F. Child Sexual Abuse in Matabeleland, Zimbabwe. *Social Science & Medicine*. 1995; 41(12):1693–1704. [PubMed: 8746869]
- Plummer CA, Njuguna W. Cultural protective and risk factors: professional perspectives about child sexual abuse in Kenya. *Child Abuse & Neglect*. 2009; 33(8):524–532. [PubMed: 19758700]
- Reza, A.; Breiding, M.; Blanton, C.; Mercy, JA.; Dahlberg, LL.; Anderson, M.; Bamrah, S. Findings from a National Survey on Violence Against Children in Swaziland. US Centers for Disease Control and Prevention and Swaziland United Nations Children's Fund; 2007. Violence Against Children in Swaziland.
- Thomas, D.; Leicht, C.; Hughes, C.; Madigan, A.; Dowell, K. Emerging Practices in the Prevention of Child Abuse and Neglect. US Department of Health and Human Services; 2003.

- UNICEF Tanzania, Division of Violence Prevention, National Center for Injury Prevention and Control, US Centers for Disease Control and Prevention, & Muhimbili University of Health and Allied Sciences. Summary Report on the Prevalence of Sexual, Physical and Emotional Violence, Context of Sexual Violence, and Health and Behavioural Consequences of Violence Experienced in Childhood. Dar es Salaam, Tanzania: 2011. Violence against Children in Tanzania: Findings from a National Survey, 2009..
- United Nations. Convention on the Rights of the Child Treaty Series. Vol. 1577. New York: 1989.
- WHO Regional Committee for Africa. Child Sexual Abuse: A Silent Health Emergency. World Health Organization; Brazzaville, Republic of Congo: 2004.
- Wurtele SK, Kenny MC. Partnering with Parents to Prevent Childhood Sexual Abuse. Child Abuse Review. 2010; 19:130–152.
- YouTube/Global Dialogues. [2 June, 2015] 2015. from [www.youtube.com/globaldialogues](http://www.youtube.com/globaldialogues)

**Table 1****Goals and Learning Objectives of FMP Session 6 - Understanding Child Sexual Abuse****Goals:**

- To raise parents' and caregivers' awareness about child sexual abuse
- To increase parents' and caregivers' understanding of their role in preventing child sexual abuse
- To increase parents' and caregivers' awareness of their role in protecting and supporting their children when responding to child sexual abuse

**Learning Objectives**

After completing this session, participants will be able to:

- Explain what child sexual abuse is and why children need to be protected
- Explain why parents and caregivers play an important role in protecting their children from child sexual abuse and responding to child sexual abuse
- Apply the main parenting strategies of FMP to protecting their children from child sexual abuse
- Talk with their child about child sexual abuse and situations that could put them at risk for child sexual abuse
- Identify actions that can be taken within the family or household and within the community to protect children from child sexual abuse
- Recognize the signs of potential or actual sexual abuse
- Use strategies to respond to child sexual abuse, support their children if they have experienced child sexual abuse, and use services if/where they exist